

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000138585

1. Entity Name

TRITON AVENTURA PROPERTIES, INC.



Principal Place of Business

17701 BISCAYNE BLVD SUITE 201
AVENTURA, FL 33160

Mailing Address

17701 BISCAYNE BLVD SUITE 201
AVENTURA, FL 33160



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

35-2241432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUBIN, JOSHUA L ESQ
17701 BISCAYNE BLVD.
#201
AVENTURA, FL 33160

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME REITER, KAREN
STREET ADDRESS 17701 BISCAYNE BLVD SUITE 201
CITY-ST-ZIP AVENTURA, FL 33160

TITLE P
NAME COLODRO, LEONOR
STREET ADDRESS 17701 BISCAYNE BLVD SUITE 201
CITY-ST-ZIP AVENTURA, FL 33160

TITLE P
NAME COLODRO, MARCELA
STREET ADDRESS 17701 BISCAYNE BLVD SUITE 201
CITY-ST-ZIP AVENTURA, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

U00000701229
04/20/07-80049-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07 3059325220

Date

Daytime Phone #